

10

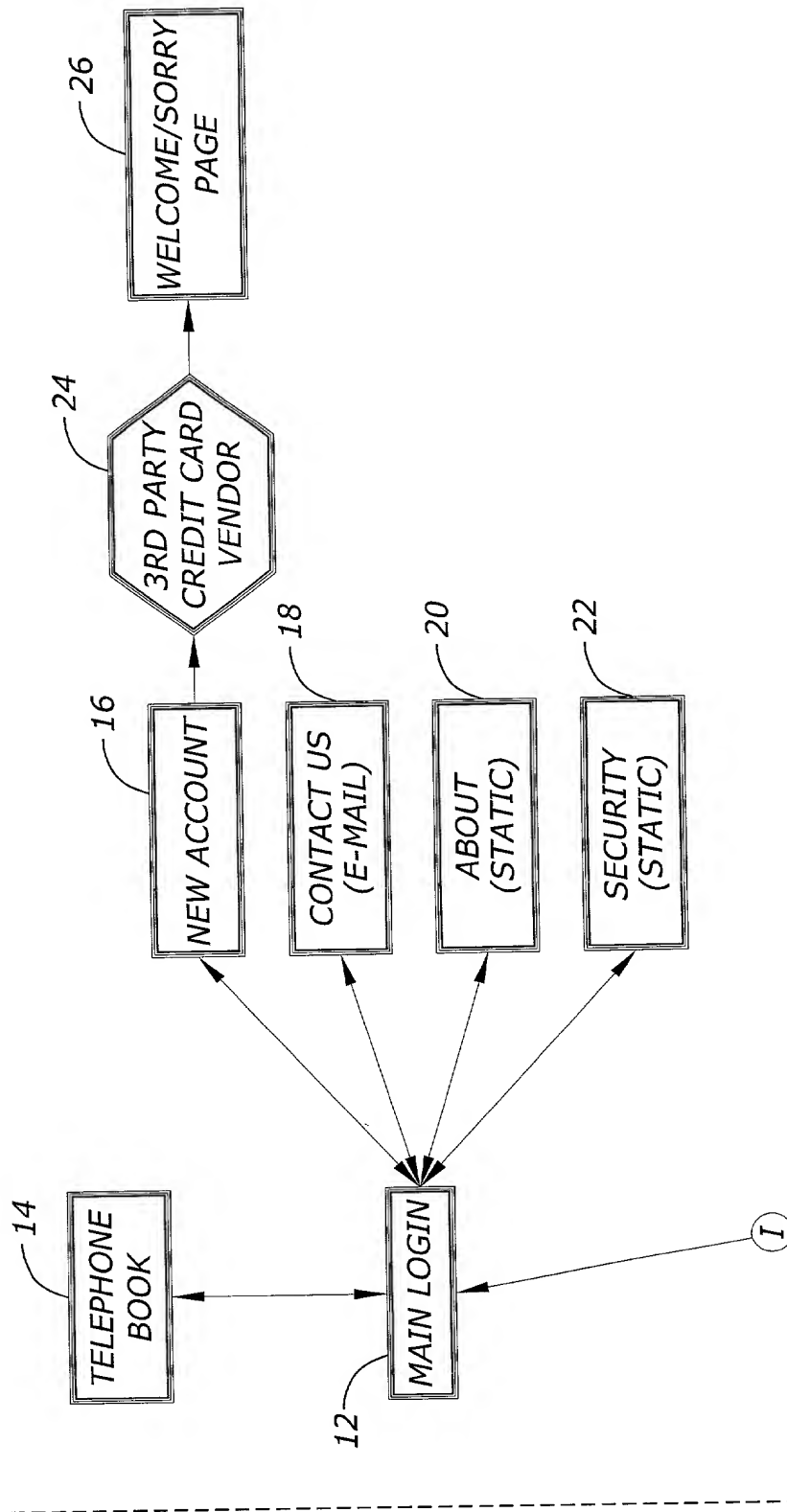


Fig. 1A

FIG. 1A

10

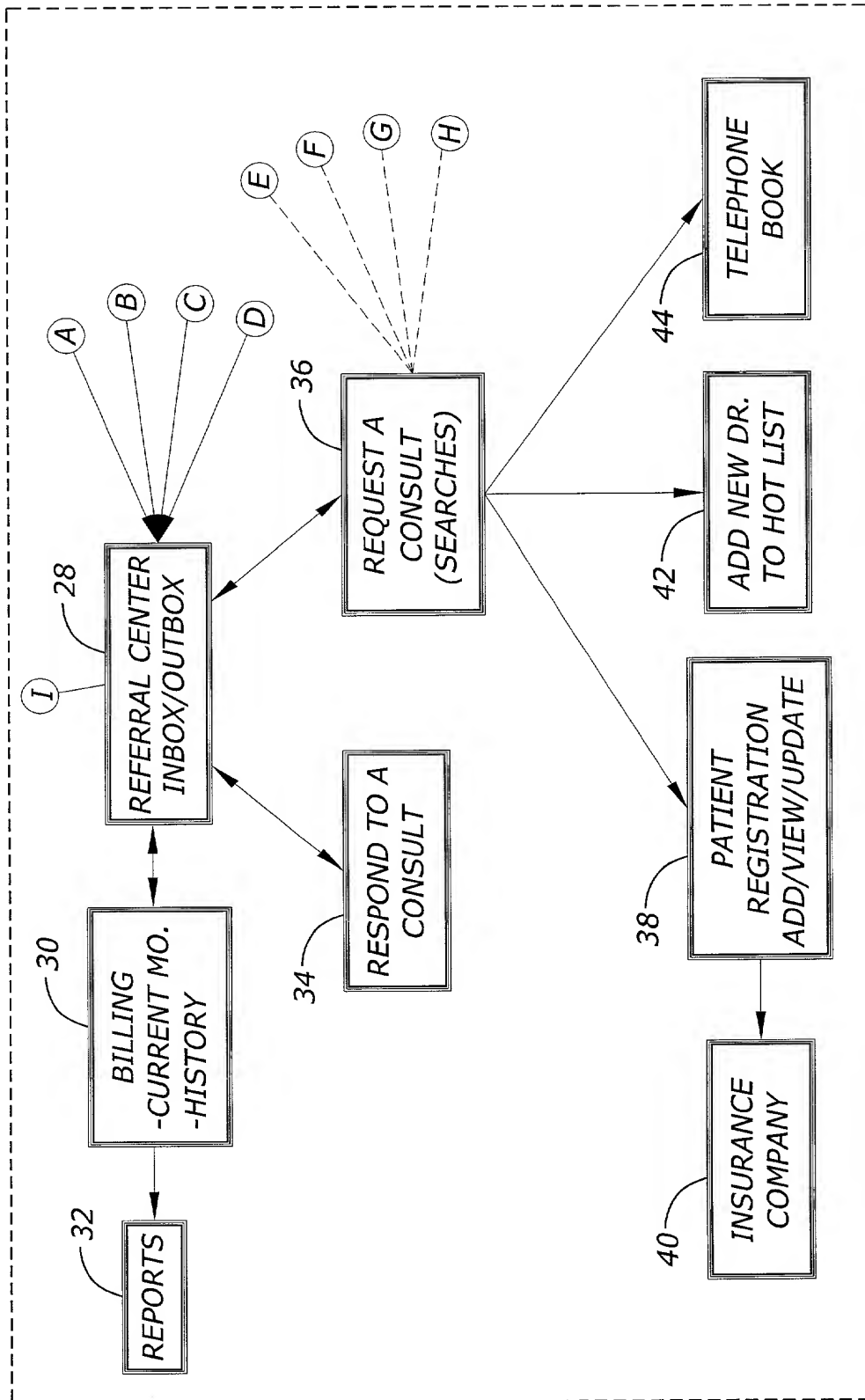


Fig. 1B

FIG. 1B

10

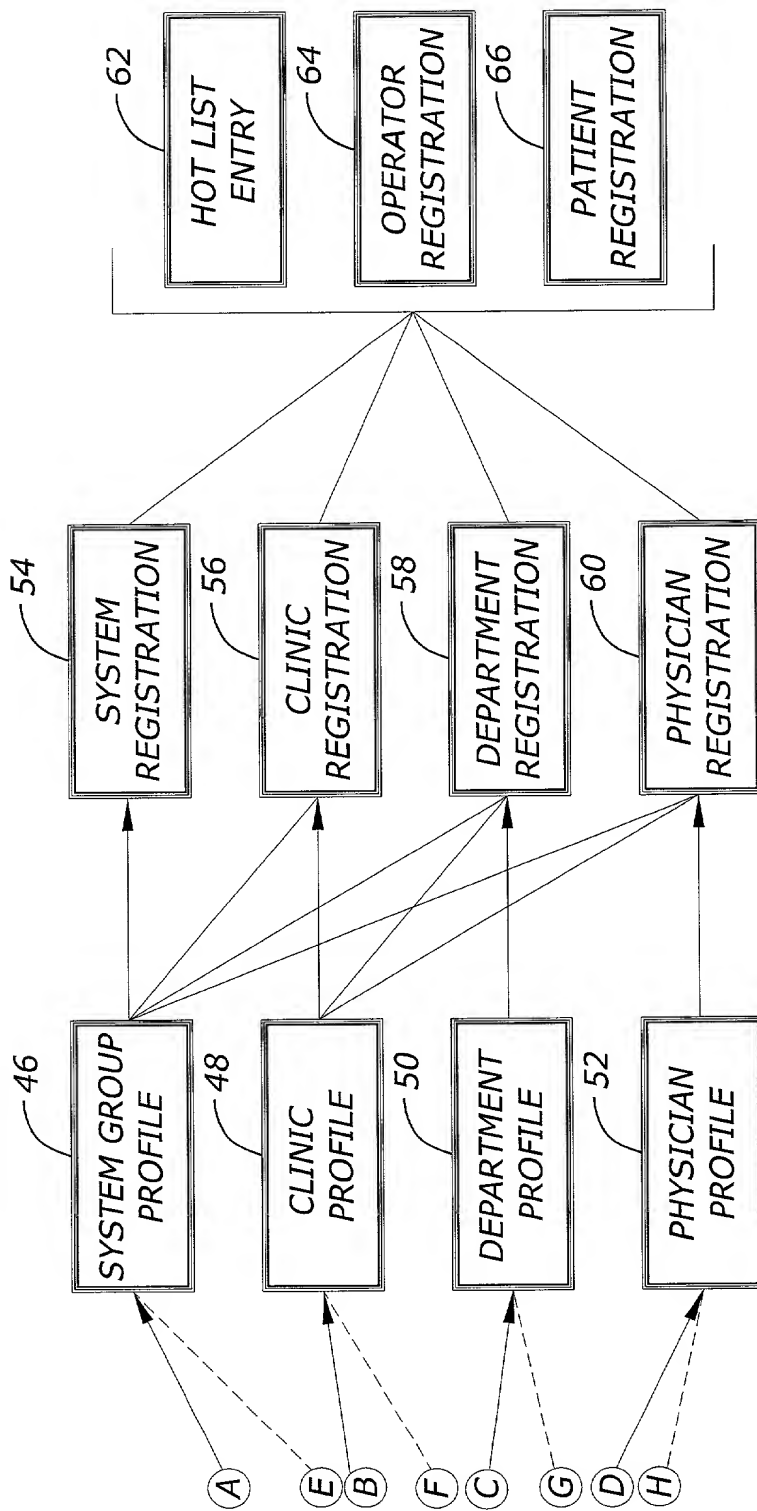
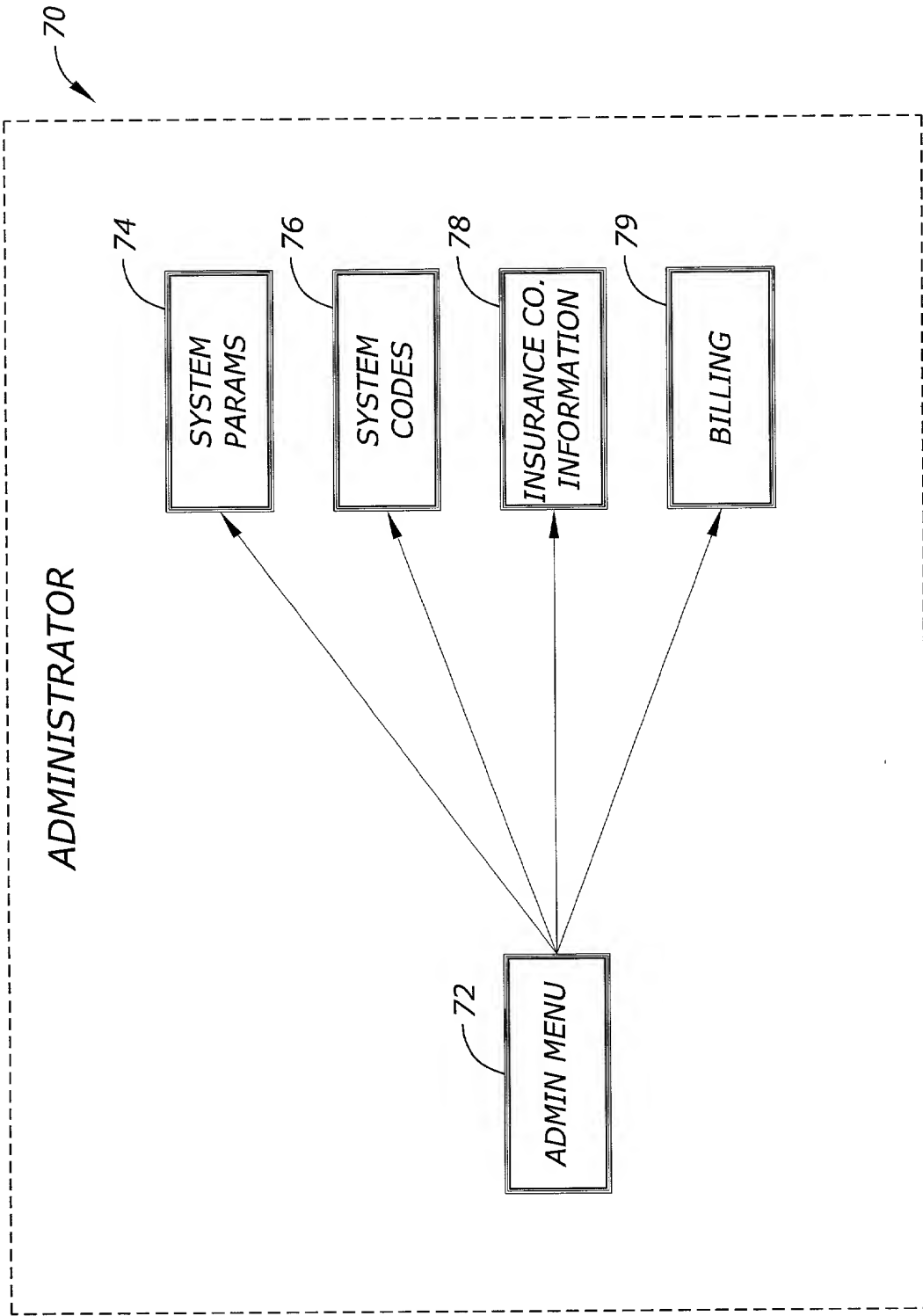


Fig. 1C

FOOT" 4926660



**Fig. 2**

109011-492660

0992764-110601

PHYSICIAN REGISTRATION × 60

PHYSICIAN INFORMATION \* - INDICATES REQ'D FIELDS

\*NAME: (FIRST, MI, LAST):

\*STREET ADDRESS:

SUITE/APT#:

\*CITY/STATE:

\*ZIP CODE:

\*PHONE NUMBER: (  )  EXT.

\*FAX NUMBER: (  )

MOBILE #: (  )

PAGER #: (  )

\*EMAIL:

\*WEB URL:

PROFESSIONAL DETAILS

\*SPECIALTY:

\*SSN:

\*UPIN:

\*MEDICAL LICENSE:

LOGON INFO

PASSWORD:  CONFIRM:

[REGISTER PHYSICIAN NOW](#)

Fig. 3

48

## CLINIC PROFILE

### CLINIC INFORMATION

LOGON ID: ID1

PASSWORD: PASS1

CLINIC 1  
ADDRESS  
CITY,STATE ZIP

CONTACT: NAME

PHONE  
FAX

EMAIL:  
URL:

### CREDIT CARD INFORMATION

CARD TYPE: TYPE  
NAME: NAME

CARD#: XXXX-XXX-XXX-XXXX  
EXP. DATE: XX/XXXX

ADD NEW PHYSICIAN

PHYSICIAN  
LISTING

DEPARTMENT

OPERATOR

NAME

SPECIALTY

DOCTOR 1

VASCULAR SURGERY

EDIT

DELETE

PHONE 1

INTERVENTIONAL GRAFTS

EDIT

DELETE

Fig. 4

56

**CLINIC REGISTRATION**

**CLINIC INFORMATION**

\*OFFICE NAME:  GROUP:

SPECIALTY:

\* PASSWORD:  CONFIRM:

**CLINIC DETAILS**

\*CONTACT:  
(FIRST, MI, LAST):

\*STREET ADDRESS:

\*CITY/STATE:   ▼

\*ZIP CODE:

\*PHONE NUMBER: (  )  EXT.

\*FAX NUMBER: (  )

\*EMAIL:

\*WEB URL:

\*DIRECTIONS TO  
OFFICE:

**CREDIT CARD DETAILS**

\*CARD TYPE:  ▼

\*CARD#:

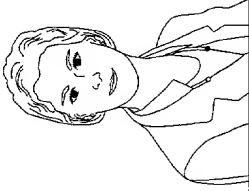
\*NAME ON CARD:

\*EXPIRATION DATE:

**REGISTER CLINIC NOW**

**Fig. 5**

36



1

DOCTOR NAME  
CLINIC  
PHONE  
FAX

REQUEST A CONSULT

VASCULAR SURGEON  
EMAIL  
URL

☒ FAX  
☒ PAGER  
☒ EMAIL

84

EDIT PROFILE

SEARCH FOR PATIENT ?

BY SSN:  
OR  
BY NAME:

GO

GO

ADD A NEW PATIENT

PATIENT:  
SSN:  
DOB:  
INSURANCE:  
ADDRESS:  
HOME:  
EMAIL:  
OFFICE:

PATIENT NAME  
XXX-XX-XXXX  
XX/XX/XXXX  
INSURER 1  
XXXXXXXXXX  
ADDRESS 1  
CITY, STATE ZIP  
(XXX)-XXX-XXXX  
(XXX)-XXX-XXXX

VIEW DETAILS...  
EDIT PATIENT

Fig. 6A



2

86

CLINIC HOTLIST ?

CLINIC/PHYSICIAN	SPECIALTY/OFFICE
CLINIC DOCTOR 2	GENERAL MEDICINE CLINIC

88

SEARCH FOR CLINIC:

OR

GO

ADD A NEW PHYSICIAN

90

CLINIC: PHYSICIAN: SPECIALTY:	CLINIC NAME DOCTOR 2 GENERAL MEDICINE GERIATRICS
ADDRESS:	ADDRESS 1 CITY, STATE ZIP (XXX)-XXX-XXXX
HOME: EMAIL: OFFICE:	(XXX)-XXX-XXXX
	VIEW PROFILE...
	VIEW CLINIC

Fig. 6B

103017-43/2660

3

URGENCY

REQUEST

COMMENTS

NOTIFY WITH

☒ FAX

☒ PAGER

☒ EMAIL

REFER PATIENT

Fig. 6C

52


PHYSICIAN PROFILE FOR			
	<b>DOCTOR NAME</b>  <div> <div>LAST LOGON: TIME</div> <div>DATE</div> </div> <div> <div>CONSULTS (REQUESTED): 11</div> <div>DETAILS...</div> </div> <div> <div>CONSULTS (PERFORMED): 26</div> <div>DETAILS...</div> </div> <div> <div>CONSULTS (ACTIVE): 5</div> <div>DETAILS...</div> </div>		
	<b>CLINIC INFORMATION</b>  <div> <div>CLINIC NAME</div> <div>CARDIOLOGY &amp; VASCULAR SPECIALTIES</div> </div> <div> <div>(XXX)-XXX-XXXX</div> <div>URL</div> </div> <div> <div>(XXX)-XXX-XXXX</div> <div>EMAIL ADDRESS</div> </div>		
	<b>PERSONAL INFORMATION</b>  <div> <div>DOCTOR NAME</div> <div>CARDIOLOGY &amp; VASCULAR SPECIALTIES</div> </div> <div> <div>ADDRESS</div> <div>SSN: XXX-XX-XXXX</div> </div> <div> <div>CITY, STATE ZIP</div> <div>UPIN: XXXXXX</div> </div> <div> <div>(XXX)-XXX-XXXX</div> <div>MEDICAL LICENSE: XXXXXX</div> </div> <div> <div>(XXX)-XXX-XXXX</div> <div>EMAIL ADDRESS:</div> </div> <div> <div></div> <div>WEB URL:</div> </div>		
	<div> <div>PHYSICIAN PROFILE</div> <div>REFERRAL CENTER</div> <div>LOG OFF</div> </div>		

Fig. 7A

FOOT 4925660

CONSULT NOTIFICATIONS (UPON CONSULT REQUEST, NOTIFY MY...)

NOTIFY WITH | USING DURING

☒ FAX ☒ PAGER ☒ EMAIL


EDIT

DEPARTMENT OR PHYSICIAN		READ
WHEN	COMMENTS	READ
2:15 PM (XXX)-XXX-XXXX	VERY DILIGENT. PROFESSIONAL	<input checked="" type="checkbox"/>
9:13 AM (XXX)-XXX-XXXX	POOR FOLLOW-UP NOT VERY TIMELY.	<input checked="" type="checkbox"/>

150

Fig. 7B

28



DOCTOR 1  
IOWA HEART CENTER

PHONE  
FAX

VASCULAR SURGEON

EMAIL  
URL

FAX  
PAGER  
EMAIL

EDIT

INBOX

PENDING

CONFIRMED (3)

DECLINED (2)

PATIENT CONSULTS FROM OTHER PHYSICIAN

WHEN

▲

PRIORITY

FROM

WHY

2:15 PM  
(XXX)-XXX-XXXX

ASAP

DOCTOR 2  
CLINIC 2

DIZZY WHEN TILTS HEAD FORWARD  
OR TURNS SIDWAYS QUICKLY

INSURER 1  
ID# XXXX

INSURANCE

EDIT

OUTBOX

OPEN

CONFIRMED

DECLINED

PATIENT REFERRALS TO OTHER PHYSICIAN

WHEN

▲

PRIORITY

STATUS

TO WHO

WHY

2:15 PM  
(XXX)-XXX-XXXX

NORMAL

VIEWED

DOCTOR 2  
CLINICS

PHYS. EXAM FOR  
CHECKS FOR ANEMIA

INSURER 2  
XXXXX

INSURANCE

ADD A NEW REFERRAL

ADD A NEW PATIENT

Fig. 8

34

RESPOND TO A CONSULT																					
<b>DOCTOR 1</b> XX/XX/XXXX XX/XX/XXXX	XX:XX:XX XX:XX:XX	<b>DEPARTMENT 1</b> ROUTINE STAT	<b>DOCTOR 2</b> DOCTOR 2 DOCTOR 2	<b>CLINIC 1</b> ELECTROCARDIOGRAM LAST EKG																	
<p><b>PATIENT DEMOGRAPHICS</b></p> <p>PATIENT 1      BIRTHDATE                      ADDRESS                      CITY, STATE   ZIP</p> <p><b>REQUESTING PHYSICIAN/CLINIC</b></p> <p>DOCTOR 2      FAMILY PRACTICE                      CLINIC 2      ADDRESS                      PHONE      FAX      CITY, STATE   ZIP                      WEB ADDRESS      <input type="checkbox"/> FAX NOTIFY      <input type="checkbox"/> EMAIL NOTIFY</p>																					
<p><b>REQUEST PREFERENCES: DATE AND TIME REQUEST MADE: XX/XX/XXXX    XX:XX:XX</b></p> <table style="width: 100%;"> <tr> <td style="width: 20%;">URGENCY</td> <td style="width: 20%;">REQUEST</td> <td style="width: 20%;">DATE REQUESTED INFO SENT:</td> <td style="width: 40%; text-align: center;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">                         XX XX XXXX                     </div> </td> </tr> <tr> <td>STAT</td> <td></td> <td></td> <td></td> </tr> <tr> <td>SEND BY</td> <td>COMMENTS</td> <td>METHOD SENT:</td> <td style="text-align: center;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">                         FAXED                     </div> </td> </tr> <tr> <td>FAX IT</td> <td></td> <td></td> <td style="text-align: center;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">                         REQUEST COMPLETED                     </div> </td> </tr> </table>						URGENCY	REQUEST	DATE REQUESTED INFO SENT:	<div style="border: 1px solid black; padding: 2px; display: inline-block;">                         XX XX XXXX                     </div>	STAT				SEND BY	COMMENTS	METHOD SENT:	<div style="border: 1px solid black; padding: 2px; display: inline-block;">                         FAXED                     </div>	FAX IT			<div style="border: 1px solid black; padding: 2px; display: inline-block;">                         REQUEST COMPLETED                     </div>
URGENCY	REQUEST	DATE REQUESTED INFO SENT:	<div style="border: 1px solid black; padding: 2px; display: inline-block;">                         XX XX XXXX                     </div>																		
STAT																					
SEND BY	COMMENTS	METHOD SENT:	<div style="border: 1px solid black; padding: 2px; display: inline-block;">                         FAXED                     </div>																		
FAX IT			<div style="border: 1px solid black; padding: 2px; display: inline-block;">                         REQUEST COMPLETED                     </div>																		

Fig. 9

38

PATIENTS	
NAME:	<div><div></div><div></div><div></div></div>
ADDRESS:	<div></div>
CITY:	<div><div></div><div>STATE</div><div></div><div>ZIP</div><div></div></div>
HOME PHONE	<div><div></div><div>WORK PHONE</div><div></div></div>
FAX NUMBER	<div><div></div><div>EMAIL ADD:</div><div></div></div>
BIRTHDATE	<div><div></div><div>AGE</div><div></div><div>SSN</div><div></div></div>
COMMENTS:	<div></div>

Fig. 10